PART B - FEE(S) TRANSMITTAL

AUG 1 8 2006	this form, together v		0	Commission P.O. Box 14 Alexandria, r <u>Fax</u> (571)-273-2	ner for Pat 150 , Virginia 2 885	ents 2313-1450	
ANSTRUCTIONS: This for a propriate. All sucher counding the property of the pr	rm should be used for train rrespondence including the below or directed otherwise as.	nsmitting the ISSI Patent, advance of in Block 1, by (a	JE FEE and rders and not a) specifying	PUBLICATION FEE (ification of maintenance a new correspondence a	if required). It fees will be address; and/or	Blocks 1 through 5 mailed to the curren r (b) indicating a sep	should be completed where it correspondence address as parate "FEE ADDRESS" for
\	CE ADDRESS (Note: Use Block 1 for	any change of address)		Note: A certific Fee(s) Transmit papers. Each ad	cate of mailing ttal. This certife ditional paper	g can only be used f	for domestic mailings of the for any other accompanying ent or formal drawing, must
VOLPE AND KO DEPT. ICC UNITED PLAZA, 30 SOUTH 17TH S PHILADELPHIA,	DENIG, P.C. SUITE 1600	JUN 20 200	_AM/PI	I hereby certify States Postal Se addressed to th transmitted to the	Certificate that this Fee(ervice with suf- ne Mail Stop ne USPTO (57	of Mailing or Tran	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.
PHILADELPHIA,	MIP WILL			<i>J</i>	100	8/15/16	(Signature) (Date)
APPLICATION NO.	FILING DATE		FIRST NAME	DINVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/080,120	02/21/2002		Parthapi	ratim De	I-	-2-0173.10US	3957
TITLE OF INVENTION: SI	NGLE USER DETECTION	USER EQUIPME	ENT	9) 28/22/2006 (NGUYEN1 08808609	090435 10080120
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WILSON, R	OBERT W	2616		370-210000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						and Koenig, P.C.	
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE InterDigital Please check the appropriate	an assignee is identified be 37 CFR 3.11. Completion of EE Technology Co	low, no assignee of this form is NOT	lata will apport a substitute in (B) RESIDE	ear on the patent. If an after filing an assignment. NCE: (CITY and STATE and STATE)	orcounti aware	RY)	ocument has been filed for
4a. The following fee(s) are e	enclosed:	4b. I)	Payment of I A check in Payment t) is enclosed. 0-2038 is attac	hed.	
	IALL ENTITY status. See 3	7 CFR 1.27.	☐ b. Applica	ant is no longer claiming	SMALL ENT	ITY status. See 37 CF	FR 1.27(g)(2).
The Director of the USPTO is NOTE: The Issue Fee and Pul interest as shown by the recor	s requested to apply the Issue blication Fee (if required) we ds of the United States Pater	Fee and Publicati ill not be accepted at and Trademark (on Fee (if any from anyone Office.	y) or to re-apply any prevother than the applicant;	viously paid iss a registered at	sue fee to the applicationney or agent; or th	tion identified above. e assignee or other party in
Authorized Signature	2 / /00			Date	8/1	5/0-6	
	. Frederick F			_	tion No		
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Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. AUG 1 8 2006 PARADEMA **Application Number** 10/080,120 TRANSMITTAL Filing Date February 21, 2002 First Named Inventor **FORM** De et al. Art Unit 2616 **Examiner Name** Robert W. Wilson (to be used for all correspondence after initial filing) Attorney Docket Number

Total Number of	of Pages in	This Submission		Attorn	- Docket Numb	ei I-2-017	3.10U	S				/
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Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Ren	Petition (Provision Power of Change Terminal Request CD, Num	g-related Papers to Convert to a nal Application f Attorney, Revoc of Corresponden I Disclaimer f for Refund mber of CD(s)	ce Address	D D D D D D D D D D D D D D D D D D D	Appea of App Appea (Appea Proprie	I Commeals and I Commist Notice, etary Info	unication Interferunication Brief, Recordation	n to TC eply Brief	rd)	
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Signature	VOLP	E AND KOENI	G, P.C	J.								-
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Printed name	C. Fre	derick Koenig	Ш									
Date		8/15/00				Reg. No.	29,66	52				
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Typed or printed	d name	C. Frederick I	Koenic	 j III	<u> </u>			Date	8	1/15/	/	

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FEE	TRANSMITTAL
	For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,712.00

Complete if Known						
Application Number	10/080,120					
Filing Date	February 21, 2002					
First Named Inventor	De et al.					
Examiner Name	Robert W. Wilson					
Art Unit	2616					
Attorney Docket No.	I-2-0173.10US					

METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 09-0435 Deposit Account Name: InterDigital Communications Corporation							
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under 37 CFI warning: Information on thi information and authorization	R 1.16 and 1 s form may be on PTO-2038	ecome public. Credi	t card inform	nation should r		on this form. Pr	
FEE CALCULATION (A	III the fees	below are due	upon filin	g or may be	subject to	a surcharge.)
1. BASIC FILING, SEAI	FILING		SEARC	H FEES		TION FEES	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Small Entity Fee (\$) 50 25 100							
Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims							
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HP = highest number of tota Indep. Claims	l claims paid fo Extra Clair		Fee P	aid (\$)			
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 = 4. OTHER FEE(S) Non-English Specifi		/ 50 = 130 fee (no smal		-	whole number	, x	Fees Paid (\$)
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SUBMITTED BY			
Signature	1/0/2	Registration No. (Attorney/Agent) 29,662	Telephone 215-568-6400
Name (Print/Type)	C. Frederick Koenig III		Date 8/15/05

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